



OBSERVER FORM

Courier/Tracking # _____

LAB ID _____

Central Laboratory Use Only

Sample Receipt

Name: _____

Date	Month	Day	Year	Hour	Minute

Bag Open?	Yes	No	Leak?	Yes	No

Full Wt.					
Empty Wt.					
Net Wt.					
Leak Wt.					
Total Wt.					

1. STATION

Name _____

ID

A	P				
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2. OBSERVER

ON _____ OFF _____

Name _____ Name _____

3. BOTTLE

ON	Date			Time	
	Month	Day	Year	Hour	Minute
OFF					

4. ANALYSIS TYPE

Total Mercury

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Field Blank

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Other

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5. OBSERVATIONS Check yes or no if samples were observed to have any of following. Describe all observations in Block 10

Yes	No	1. Bird Droppings	Yes	No	4. Insect/animal matter
		2. Cloudy or discolored			5. Leaves/twigs/pollen/plant matter
		3. Soot/ash/dirt particles			6. Handling contamination

6. SITE OPERATIONS

Yes	No	1. Collector sensor and motor are operating properly. Lid in correct position
		2. Rain gauge operated properly during the week
		3. Rain gauge data has been submitted to the Program Office or Belfort Chart is with the OF

7. PRECIPITATION RECORD

R – Rain only S – Snow Only M – Mixture U – Unknown

	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED
Precipitation Type	R S M U	R S M U	R S M U	R S M U	R S M U	R S M U	R S M U	R S M U	R S M U	R S M U
Precipitation depth										

Total Precipitation

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 mm

8. OVERFLOW

Yes

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 _____ g

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 No

9. ENCLOSURE TEMPERATURE

MAXIMUM

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 °C

MINIMUM

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 °C

10. REMARKS For example: equipment malfunction, extreme weather conditions, contamination, burning, leakage, etc.

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HCl

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 mL

BrCl

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 mL